		MIN TI	PI E DEP	ENDENT	CI AIM			SERIAL NO.				FILING DAT	Ę	
	MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							APPLICANT(S)				<u>.</u>		
					CLAIR									
	AS FILED		AFTER 18T AMENDMENT		AFTER 2ND AMENDMENT				<u> </u>		<u> </u>	т	<u> </u>	
1	/ IND	DEP	MD	DEP	BHD	DEP	1	51	MD	DEP	BND.	DEP	SHD	DEP
2	1	7		-		 	1 1	52						
3		2]	53						
4		Ø						54			ļ	ļ		L
5			<u> </u>			 	}	55			 -	ļ <u>-</u>		
7		(2)						56 57	·	-		 -	}	
8		\widetilde{Q}				-		58						
9		(i)					1	59						
10		70				 		60			 			
11		8		<u> </u>		}	}	61				}	 -	
12		8						62 63				 	1	
14		0]	64						
15		0]	65						
16		0		 		 	i 1	66			 -	<u> </u>	 	<u> </u>
17	-				<u> </u>]	67 68			 	 	 	
18		8				 	1 1	69	· · ·					
20		6					, ,	70						
21		\bigcirc						71						
22		Ø						72			<u> </u>	<u> </u>]	}
23						 		73				 	 	<u> </u>
24 25						 		74 75				 	 	
26							1 1	76						
27								77				I		
28							}	78			}		}	<u> </u>
29			·				1	79 80			 	 		
30 31						 	1 1	81		-	!	 		
32							i i	82						
33					-		l· l	83						
34		<u> </u>				 	1	84			 		}	
35			 -	 		 	}	85 86					 	
36 37								87					t	
38								88						
39								89			 		 	
40				 			1 1	90			 		 	
41						 	{	91 92			 	 	 	
42								93				1.		
44							j l	94						
45]]	95					 	ļ
46				 				96			 -			
47			<u> </u>			 		97			 	 		
48 49				 -		 		98 99			 	 	 	
50							j l	100			•			
, ,	1							TOTAL IND.		1	1	1		1
TOTAL IND.	22		-		-	-	1	TOTAL DEP.	-		-	<u>-</u> _+	-	<u>.</u>
TOTAL	22				 _		1 1	TOTAL			 		 	
CLAIMS	23						<u> </u>	CLAIMS			<u> </u>	100000000000000000000000000000000000000	<u> </u>	10000

: